

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609

1LS-000-001-041

Name Allied Corporation

Street P. O. Box 1139R

City Morristown

State N J Zip Code 07960

Name of Site Calumet Plant

Street 12260 South Carondolet Avenue

CITY Chicago COUNTY Cook STATE Ill ZIP CODE 60633

Name (Last, First and Title) Shields, Edward

Phone (201) 455- 5630

Director, Environmental Services, Allied Chemical *

From (Year) 1920 * To (Year) Current

* Allied Corporation was formed in 1920.

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☒ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

[illegible]

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JUN 12 1981

EPA Region 5 Records Ctr.



288565

* an operating company of Allied Corporation

F Waste Quantity: Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	Facility Type 1. <input type="checkbox"/> Piles 2. <input type="checkbox"/> Land Treatment 3. <input checked="" type="checkbox"/> Landfill 4. <input type="checkbox"/> Tanks 5. <input checked="" type="checkbox"/> Impoundment 6. <input type="checkbox"/> Underground Injection 7. <input type="checkbox"/> Drums, Above Ground 8. <input type="checkbox"/> Drums, Below Ground 9. <input type="checkbox"/> Other (Specify) _____	Total Facility Waste Amount cubic feet See Item I gallons _____ Total Facility Area square feet See Item I acres _____
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G Known, Suspected or Likely Releases to the Environment:
Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment. ☐ Known ☒ Suspected ☐ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional) Sketch Attached

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

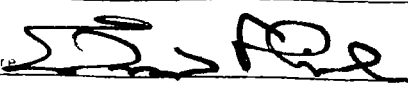
I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

This site produces sulfuric acid, ammonium thiosulfate and aluminum chloride. In the past it has produced nitric acid, hydrochloric acid, zinc chloride, sodium silicate and chromium tanning compound. There are old landfills (400' x 40"; 110' by 60'; and 600' by 80') and one inactive storage lagoon (200' x 100') in which at various times hazardous wastes were disposed. These facilities have all been closed. This plant has been operated for many years and ground areas may be contaminated with spilled products and raw materials.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name	Edward Shields	<input checked="" type="checkbox"/> Owner, Present <input type="checkbox"/> Owner, Past <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Operator, Present <input type="checkbox"/> Operator, Past <input type="checkbox"/> Other
Street	P. O. Box 1139R	
City	Morristown State NJ Zip Code 07960	
Signature	 Date 6/2/01	